

# NURSE

**R**egulation **E**ducation **P**ractice

**Nursing in  
National  
Poison Center**





# DISTRICT<sup>of</sup> COLUMBIA NURSE

## BOARD MEMBERS

JoAnne Joyner, DNSc, APRN, BC  
*Chairperson*

Deborah Thomas, CDE, RN  
*Vice-Chairperson*

Bonnie Benetato, MSN, FNP, MBA

Margaret Green, LPN

Kevin Mallinson, PhD, RN, AACRN

Vera Mayer, JD

Ottamissiah Moore, LPN

Yvonne Moody, RN, MSN

Amy Nassar, MSN, FNP, CDE

## OFFICE LOCATION

### TELEPHONE NUMBERS

DC Board of Nursing

Suite 600

717 14th Street, NW

Washington, DC 20005

Email: [hpla.doh@dc.gov](mailto:hpla.doh@dc.gov)

Phone: 877.244.1689

Fax: 202.727.8471

Website: [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov)

## OFFICE HOURS

Monday thru Friday:

8:15 am-4:45 pm

## BOARD STAFF

Karen Scipio-Skinner, MSN, RN  
*Executive Director*

Concheeta Wright, BSN, RN  
*Nurse Consultant*

Toylanda Brown  
*Senior Licensing Specialist*

Donna Harris  
*Licensing Specialist*

Alma White  
*Verification Specialist*

Melondy Franklin  
*Licensing Specialist*

Cover: Rose Ann G. Soloway, RN, MEd,  
DART

Photo credit: Kate Kujawski.

# c o n t e n t s

Message from the Chairperson **4**

## R E G U L A T I O N

Board of Nursing Update **5**

LPN Renewal Extended until August **6**

LPN Continuing Education Requirements **8**

Trained Medication Employee Recertification **10**

LPNs Owing Fees to the District Government **11**

2007 NCLEX® Invitational **12**

Board of Nursing Appointees **13**

In the Know: Your Questions, Your Opinions **14**

Meet our Newest Board Member **16**

NCLEX RN Test Now Online **17**

## P R A C T I C E

Nursing in the National Poison Center **18**

Licensure Payment Failures **25**

Board Disciplinary Actions **25**

Notice of new regulatory requirement **25**

## E D U C A T I O N

DC Nursing Schools' Year-to-Date Status **26**

NCLEX Scores **26**

KUDOS! **27**

Fee increase proposal **28**

NCSBN Position Statement **30**

**Circulation includes over 22,000 licensed nurses and nursing home administrators in the District of Columbia**

Feel free to email your "Letters to the Editor" for our quarterly column: IN THE KNOW: Your opinion on the issues, and our answers to your questions. Email your letters to [hpla.doh@dc.gov](mailto:hpla.doh@dc.gov) (Lengthy letters may be excerpted.)

Created by Edition 15



**Publishing Concepts, Inc.**

Virginia Robertson, President  
[vrobertson@pcipublishing.com](mailto:vrobertson@pcipublishing.com)  
14109 Taylor Loop Road • Little Rock, AR 72223

501.221.9986 or 800.561.4686

[www.pcipublishing.com](http://www.pcipublishing.com)

For advertising information contact:

Tom Kennedy at

501.221.9986 or 800.561.4686

[tkennedy@pcipublishing.com](mailto:tkennedy@pcipublishing.com)

[www.thinkaboutitnursing.com](http://www.thinkaboutitnursing.com)

# Message from the Chairperson

## Board of Nursing 100th Anniversary

### **Did you know that this month the Board of Nursing will observe its 100th year as the regulatory body for the practice of nursing?**

One hundred years, or a century of existence is a nodal event for any institution and certainly one in which one reviews one's history and looks to the future. I thought this might be a good moment to share with you some of the Board's goals and visions for the future. Of course, our over arching goal will continue to be that of advancing regulatory excellence through evidence-based regulations and regulatory solutions to protect the health, safety and welfare of the public in their receipt of nursing services. To that end, one objective is to increase communication between the Board of Nursing and all parties concerned with public protection, patient safety and the education of nurses. To meet this objective the Board recognizes the need to improve the core functions of the Board and the better use of technology will assist the Board in that effort.

**Improved communication and Access:** The improved email address [hpla.doh@dc.gov] has permitted greater communication with the Board. Interested parties can now achieve access and communication with the Board and receive responses to their questions and concerns within hours rather than days or weeks.

**On-line License Renewal:** The ability to renew licensure online has greatly enhanced our efforts to process and issue licenses rapidly. In addition, the placement of pictures on licenses has reduced the number of nurse imposters.

In the future we plan to expand our use of technology by offering our applicants and licensees the following options:

**Online licensure status check:** Applicants for licensure by examination, endorsement or reinstatement

will be allowed to monitor the status and progress of their application online through use of a PIN. They will be alerted to the requirement of any additional documents to complete the application such as verification of licensure status from other Boards of Nursing or transcripts needed to approve licensure by examination.

**Online application for initial licensure:** Applicants will be able to submit initial applications directly to the Board of Nursing. This will expedite the transmission and processing of the application and eliminate the need for submission of paper applications.

**Cardless licensure:** Cardless licensure will eliminate incidences of lost or stolen licenses thereby reducing imposters using fraudulent licenses. It will also permit employers to check HRLA's licensure data base to assure that a nurse is currently licensed in good standing.

**Online CE Compliance Tracking:** We are expanding our partnering with CE Broker to provide secure electronic portfolios for nurses to manage the continuing education documentation that is required for license renewal. The subscription to this service will be voluntary, but with a subscription, the nurse will be able to gain access to specific license renewal requirements and to track progress toward those requirements. The full array of interactive tools will be available for an annual fee of \$17.50. However, education providers will be able to report completed course credit to a nurse's account even if the nurse does not carry the subscription.

It is our hope that instituting these changes will improve the Board's achievement of its core tasks and make it easier for you to access the Board.

We will continue to streamline the application process. We will also change the applications to make them more user friendly, of course with the ultimate goal of online applications.

I should also mention another

major change in the application process in the coming months: the implementation of Criminal Background Checks. Legislation passed this year (Licensed Health Professional Criminal Background Check Amendment Act of 2006) which will require all licensed Health Professionals to have criminal background checks prior to issuance of a license. HRLA is currently evaluating options for implementation of this new responsibility.

Please know that the Board of Nursing is interested in hearing from the



nursing community. We want to receive feedback from you regarding any and all of these proposed changes. Please send your comments to [hpla.doh@dc.gov](mailto:hpla.doh@dc.gov). Let us know how you think we're doing our job.

Encouraging use of our email has gone a long way in increasing the feedback that we receive and we encourage you to continue providing us with your feedback. Some of you are very good at letting us know when we don't get it right, or when we get it flat-out wrong, but the vast majority of you are still silent. Your voices and your feedback are important to us and much appreciated. We look forward to hearing more from you in the future. Send your comments to [hpla.doh@dc.gov](mailto:hpla.doh@dc.gov). ■

*JoAnne Joyner, DNSc, APRN, BC  
Chairperson  
D.C. Board of Nursing*



## Board of Nursing Update

### Board Actions: February, March, April

#### Representatives from Sibley regarding their Nurse Internship Program

**DECISION:** Graduate nurses in an Internship Program who are sitting and awaiting their NCLEX EXAM results from another jurisdiction may practice as nursing assistive personnel in the District of Columbia. Once the graduate has passed their NCLEX EXAM they may apply for licensure in the District by Endorsement and apply for a Supervised Practice Letter.

#### CE Compliance Tracking- CEBROKER

**ISSUE:** Proposed CE Compliance as an option for licensees. This will allow CE Broker to provide secure electronic portfolios for nurses to manage the continuing education documentation that is required for license renewal. The subscription to this service will be voluntary, but with a subscription, the nurse will be able to gain access to specific license renewal requirements and to track progress toward those requirements. The full array of interactive tools will be available for an annual fee of \$17.50. However, educational providers will be able to report completed course credit to a nurse's account even if the nurse does not carry the subscription.

**DECISION:** CE Compliance Tracking can be offered as an option for licensees.

#### REGULATORY ISSUES DISCUSSED:

**BSN as a requirement for licensure in DC:** Tabled.

**Paperless licensure:** Support.

**Border state licensure:** Staff will make recommendations to the board.

**Regulatory Model for Nursing Assistive Personnel:** Tabled until law is passed.

**Criminal Background Checks:** Law has passed. HRLA staff is discussing its implementation.

**Retired Nurse License:** Staff will make recommendations to the board of nursing.

**Temporary License:** Tabled until HORA passes.

**Kevin Mallinson represented the Board at:** Drexel-Doctorates in Nursing Summit; Annapolis, Maryland; March 28 -30, 2007

**Amy Nassar represented the Board at:** National Council of State Board of Nursing (NCSBN) Advanced Practice

Registered Nurse (APRN) Summit. The following update on the APRN Vision paper was presented.

The VISION paper is still in draft form. As NCSBN continues to meet with other APRN stakeholders, the following "agreed upon" areas and areas "still under discussion" were presented.

#### The VISION paper is a proposal created by NCSBN for Advanced Practice Nursing in 10 years.

#### The current VISION paper has the following agreed upon details:

*Boards of Nursing should be the sole regulators of APRNs. [Current regulatory requirement in DC]*

*APRNs should sit on all BONs. [APRNs have sat on the DC BON since 1985]*

*APRNs should practice independently. [Current regulatory requirement in DC]*

*APRNs will be defined as Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, and Clinical Nurse Specialists. [Current regulatory requirement in DC]*

*BONs need to approve all APRN educational programs. [DC BON currently has the regulatory authority to approve APRN educational programs]*

*APRNs should be tested at role level (gender/age group) and not at specialty level (Diabetes, Palliative)*

#### The following areas are still under discussion:

*Who should administer the APRN credentialing exams – NCSBN or ANCC/AANP/etc?*

*Which NP specialties are roles (adult, family, child, women's health, gerontology, men's health) vs. which NP specialties are specialties (Diabetes, Palliative)*

*What should be included on the core competency exam?*

*Will all APRNs, specifically CNMs and CRNAs be required to take the core competency exam? ■*

#### Correction:

**Page 8: Volume 4, Number 2**

**Reads:** Contact hours must be specific to RN's current area of practice...

**Should read:** Contact hours must be specific to LPN's current area of practice.

# LPN RENEWAL PERIOD HAS BEEN EXTENDED UNTIL AUGUST 30, 2007

**Due to the fact that 2007 will be the first renewal period for which LPNs will be required to comply with continuing education requirements, the LPN Renewal Period is Being Extended Until August 30, 2007 to allow time for nurses who were unaware of the CE requirement or who have not completed their 18 contact hours to have time to come into compliance. A late fee will not be charged for persons applying after June 30, 2007 but will be assessed to persons applying after August 30, 2007.**

The renewal period for LPNs began April 1, 2007 and will now end August 30, 2007. Any currently licensed LPN who has not received a renewal notice should call the District of Columbia's Health Professional Licensing Administration Customer Service line at 1-877-244-1689, Monday through Friday, 8:15 am to 4:45 pm EST to request a PIN number or renewal application.

Renewal notices are sent by First Class Mail to the last known address on record however, the Board cannot guarantee delivery. Each nurse must assume responsibility for renewing his or her license by August 30, 2007. District law requires licensees to keep the Board informed of all name and address changes. Should a licensee

fail to make timely renewal of his/her license, a late fee will be assessed. Additionally, licensees who continue to practice nursing without current licensure may be assessed an administrative fine up to \$500.00.

Licensure fee is \$111.00 payable to Promissor. Failure of a check to clear the bank will cause an application to become incomplete. Applicants will not be considered licensed until proper payment has been rendered. Licensees who continue to practice nursing without current licensure may be assessed an administrative fine up to \$500.00.

## FREQUENTLY ASKED QUESTIONS REGARDING LICENSURE RENEWAL

### Will photos be required this year?

No. A photo will only be required if you don't currently have one on your license.

### If I was recently licensed, do I have to renew?

If you received a license after February 15th your license will have a 2009 expiration date. If licensed prior to February 15th, District law

requires you to renew your license.

### If I renew after the expiration date will I be penalized?

If you renew after August 30th, you must add a \$65 late fee to your renewal fee. (Please note: Any application postmarked after August 30th will be considered late).

### What are my options if I will not be practicing in DC during the next two years?

You can choose any of the following options:

**Renewal.** You can renew your license and keep it active.

**Paid Inactive Status.** You can choose to place your license on paid inactive status. Your license will remain valid until you decide to reactivate it. But you will not be able to practice until you apply to reactivate, pay the reactivation fee which is currently \$26.00 and meet any Board's requirements for reactivation of your license;

**Cancellation:** You will need to submit a paper application indicating on the licensure renewal application that you want to cancel your license. If you cancel your license you will have to apply as a new applicant if you

later decide to resume practice in DC.

Please note: In order to place your license on paid inactive status or cancel your license, you must request a paper application. You can not request to be placed on paid inactive status or cancel your license online.

### What documents must I submit?

LPNs need to submit the following when renewing:

**If applying online:** Completed application. Fees must be paid by credit card.

**If applying with paper application:** Completed application. Fees must be paid by submitting

a check or money order for: \$111.00 Payable to Promissor. (Please note: Failure of a check to clear the bank will cause an application to become incomplete. Applicants will not be considered licensed until proper payment has been rendered.)

See box for additional information that may be needed.

Do not submit continuing education verification unless requested by the Board. CE information submitted to the Board will not be returned. ■

### ADDITIONAL DOCUMENTATION WILL BE REQUIRED IF:

You owe the District of Columbia more than \$100 in fines, penalties, or interest assessed pursuant to the Litter Control Administration Act, the Illegal Dumping Enforcement Act, or the Civil Infractions Act, or in past due taxes.

**Documentation needed:** Submit documentation issued by the Office of Tax and Revenue or any other District of Columbia agency that the amount owed has been reduced to \$100 or if the amount is more than \$100, submit documentation that you have a payment plan and you are current with the plan.

Your name has changed since submission of your last application.

**Documentation needed:** Submit marriage license, divorce decree or court order of name change.

You have had a disciplinary action taken by a Board of Nursing.

**Documentation needed:** Letter from Board of Nursing indicating the current status of your disciplinary action (probation, suspension, supervision required, dismissed, etc.)

You have or have had a substance abuse or psychiatric disorder

**Documentation needed:** Letter of explanation and/or documentation from a board of nursing's rehabilitation program, and/or documentation from your treatment provider regarding your current ability to practice.

You have been convicted of a crime or received probation before judgment within the last 10 years.

**Documentation needed:** Letter of explanation and court documents indicating the status of your case.

Please Note: Your license will not be processed until documentation is submitted. ■

# CONTINUING EDUCATION REQUIRED FOR LPN RENEWALS TO BEGIN IN 2007

**By August 30, 2007 all Licensed Practical Nurses applying for renewal are required to complete eighteen (18) contact hours in continuing education. Only continuing education obtained in the two (2) years immediately preceding the application date will be accepted.**

## LPN RENEWAL FREQUENTLY ASKED CONTINUING EDUCATION QUESTIONS

**What continuing education activities can I complete to comply with the Board's CE requirement? Can I do something other than take a CE course?**

The following Continuing Education Activities have been approved by the Board:

### Contact hour option:

- (a) Conference, course, seminar, or workshop approved for continuing education.
- (b) Course offered by accredited educational institutions.
- (c) An educational course offered through the Internet.
- (d) Other programs approved by the Board.

### Academic option:

Any course from an approved nursing program leading towards a degree in nursing.

### Teaching option:

Having developed and taught a course or educational offering approved for contact hours by an accrediting body. Applicants may receive four (4) CEs for each approved contact hour. This is not

an option for nurses required to develop and teach continuing education courses or educational offerings as a condition of employment.

### Author or editor:

Authorship or editor of a book, chapter or published peer reviewed periodical, if the periodical has been published or accepted for publication during the period for which credit is claimed.

### Will all applicants have to submit evidence of having completed the required number of contact hours?

No. The Board will audit a select number of licensees. Notice will be sent to those selected to submit proof of completion of their continuing education requirements. Any information sent to the Board will not be returned.

### What happens if I don't complete the required number of contact hours?

If you don't meet this regulatory requirement the Board may choose to fine and/or discipline you.

### Are there specific courses that I have to take?

The only requirement is that the course be applicable to your current area of practice. If you are having difficulty finding course relevant to your practice consider courses such as ethics, documentation and legal issues. These are courses that will be applicable to most areas of practice.

### I have been ill and have not been able to meet the board's continuing education requirement. Will I be penalized?

The Board may grant a 6-month extension for good cause, if requested at time of renewal. Good cause would include deployment (see below), or extended illness.

### I am currently deployed and have not been able to meet the Board's continuing education requirements. Will I be penalized?

No late fee will be imposed on nurses or other health professionals who are deployed to a war zone or are on active duty during the licensure period. These health care professionals may renew their license without penalty. Deployed nurses applying after the renewal period will need to apply for reinstatement of licensure



and attach documentation verifying their dates of deployment and pay the renewal fee, not the reinstatement fee. Nurses returning from active duty should call (877) 672-2174 to obtain an application for reinstatement. Nurses who are no longer on active duty and who have become reinstated to practice in the District of Columbia will be given a six (6)-month grace period within which they should obtain the required CE credits.

#### Can I take a course on-line?

Yes. Online courses are acceptable. Go to [www.cebroke.com](http://www.cebroke.com) for a list of approved courses.

#### How will I know whether or not the program I want to take is board approved?

The following have been approved by the Board:

Continuing education approved by a State Board of Nursing

Courses provided by a Board of Nursing approved school of nursing

American Nurses Credentialing Center (ANCC)

National Association for Practical Nursing Education and Services (NAPNES)

#### I just completed a nursing course. Do I need to take continuing education courses as well?

All course work that you take toward obtaining your degree in nursing, including liberal arts courses, will be accepted. Contact hour equivalents are calculated as follows:

1 CEU = 10 contact hours  
1 contact hour = 0.1 CEU  
1 contact hour = 60 minutes  
1 academic quarter hour = 12.5 contact hours  
1 academic semester hour = 15 contact hours  
1 CME = 60 minutes or 1 contact hours ■

Have you looked at George Washington University Hospital lately?

...At George Washington University Hospital, a Level One Trauma Center and one of the country's most technologically advanced academic medical centers. Here in downtown DC, just steps away from the Foggy Bottom Metro stop, we're treating area residents, heads of state and heads of households. And, have created a team-oriented, collaborative and supportive environment where nurses play a significant role not only in the delivery of care, but also in determining what the care looks like and how it will be delivered to a diverse range of patients.

In short, when you join GWUH, you'll find everything that you're looking for in your nursing career for today and well into the future. Need more? There's more – plenty more. Consider this:

- \$4000 annual RN Retention Bonus
- \$80 monthly commuting subsidy
- 100% paid tuition at George Washington University for you; and discounted tuition for your family members
- Mentoring and professional development support
- 10-14 week new grad internships available
- Excellent pay and benefit package
- Relocation assistance
- All shifts, flexible schedules and weekend alternative program

We currently have nursing positions available in the following areas:

- |                  |  |                        |
|------------------|--|------------------------|
| • Operating Room | • Oncology                                   | • NP - Hyperbaric      |
| • PACU           | • Ambulatory Surgery Center (Endo, PACU, OR) | • Emergency Department |
| • Intensive Care | • Float Pool                                 | • Cath Lab             |
| • Surgical Unit  | • House Operations Supervisor                | • NICU                 |
| • Medical Unit   | • NP - Psychiatry                            | • Palliative Care      |
| • CVC Unit       |  |                        |

To find out more information on our RN internship programs, please email [Yomi.Lawal@gwu-hospital.com](mailto:Yomi.Lawal@gwu-hospital.com) or call 800.715.0032.

Choosing your next nursing job shouldn't have to be hard. After all, you're looking for an organization committed to its staff; people who value each other; resources to help develop you and programs that make it all possible. A place like The George Washington University Hospital. To find out about all we have to offer, contact us today. Call (202) 715-4405; email [Barbara.Gedaka@gwu-hospital.com](mailto:Barbara.Gedaka@gwu-hospital.com) or fax your resume to (202) 715-4402. You can also apply online at [www.gwhospital.com](http://www.gwhospital.com). We are an equal opportunity employer.

# TRAINED MEDICATION EMPLOYEE RECERTIFICATION WILL BEGIN AUGUST 1, 2007

**The renewal period for Trained Medication Employees (TMEs) will begin August 1, 2007 and end October 30, 2007. Any TME who has not received their recertification application by August 15, 2007 please contact Donna Harris at 202.724.2432.**

Re-certification applications will be sent by First Class Mail to the last known address on record however, the Board cannot guarantee delivery. Each TME must assume responsibility for recertification of his or her license by October 30, 2007. District law requires licensees to keep the Board informed of all name and address changes. If you apply for recertification after this date a late fee will be assessed.

Recertification fee is \$45.00 payable to DC Treasurer. Failure of a check to clear the bank will cause an application to become incomplete. Applicants will not be considered recertified and cannot practice until proper payment has been rendered.

### TME RECERTIFICATION REQUIREMENTS

Recertification applications shall be submitted to the Board before the expiration

date of October 30, 2007 and shall:

- (a) Be signed by the trained medication employee;
- (b) Include the supervisory registered nurse's written verification of the trained medication employee's continued adequacy of performance;
- (c) Include documentation verifying successful completion of twelve (12) hours of board approved in-service training;
- (d) Be accompanied by the \$45.00 registration fee.

The Board shall recertify an applicant upon receiving a complete recertification

application, proof of the applicant's continued competence, and the appropriate registration fee.

### TRAINED MEDICATIONS EMPLOYEE Q/As

**Q** My TME class was approved by the Board previously. Do I need to resubmit it?

**A** No. If the course that you plan to offer was previously approved you can offer it without requesting approval.

**Q** What classes are TMEs required to take?

**A** The classes should focus on pharmacology and medication administration. The classes may include: Documentation, hand-washing, administering medication to difficult patients, a review of the frequently administered classifications of medication.

**Q** Will CPR re-certification be accepted?

**A** Yes, CPR recertification will be accepted for TMEs. [Please note: CPR recertification is not an approved CE course for licensed nurses].

**Q** I plan to offer a class for the TMEs that I supervise, what do I need to send if I need to have my class approved?

**A** You can send an outline of the class you plan to teach along with the number of contact hours (60 minutes = 1 contact hour). ■

# LPNs OWING FEES TO THE DISTRICT GOVERNMENT

On April 4, 2007 the Office of Tax and Revenue issued a list to Health Regulation & Licensing Administration of all LPNs who owe the District more than \$100 in taxes or fines or you failed to file income tax returns in previous years. Any applicant whose name appears on this list and applies to renew their license will have their license placed on "hold". The hold will only be released when the applicant submits to the Board of Nursing documentation issued by the Office of Tax and Revenue stating that the debt owed has been satisfied or arrangements for repayment have been made.

Health Regulations and Licensing Administration cannot issue a license unless the applicant presents documentation issued by the Office of Tax and Revenue or any other District of Columbia agency that the amount owed has been reduced to \$100 or if the amount is more than \$100, evidence is presented that the applicant has a payment plan and is current with the plan.

If there is a dispute as to the amount owed, then that must be resolved by the applicant with the Office of Tax and Revenue. Neither HRLA nor the Board have access to the Office of Tax and Revenue's database and, neither HRLA nor the Board are authorized to negotiate on behalf of the applicant

with the Office of Tax and Revenue.

The Office of Tax and Revenue (OTR) is

located on the 1st floor of 941 North Capitol Street, NE. ■

*Members of the public are invited to attend...*

## BOARD OF NURSING 2007 MEETING SCHEDULE

**Time:** 1:00 PM

**Location:** 717-14th Street, NW; 10th Floor Board Room;  
Washington, DC 20005

**Transportation:** Closest Metro stops – Metro Center (take 13th Street Exit); McPherson Square (take 14th Street Exit)

During each Board of Nursing meeting the Board sets aside time for "Comments from the Public". Nurses, nursing students and members of the public are encouraged to attend to express any concerns they may have or make inquiries of the Board during this period of time. You may either contact us ahead of time to let us know that you are attending and the issue that you would like to discuss, or you can speak at the meeting without prior notification. Decisions will not be made the day of the meeting but you will be informed of any board decisions or actions. If there are no comments from the public the Board will continue with their agenda items. You are welcomed to attend the Board meetings whether or not you have issues to discuss. If you would like to receive the Board's "Open Session Agenda" prior to the meeting, or if you would like to be placed on the agenda, please send your email to [hpla.doh@dc.gov](mailto:hpla.doh@dc.gov).

***If you plan to attend please call (202) 724-8800 to confirm meeting date and time.***

<b>July 11, 2007</b> (Please note change in date due to July 4th holiday)	<b>November 7, 2007</b>	<b>March 5, 2008</b>
<b>September 5, 2007</b>	<b>December 5, 2007</b>	<b>April 2, 2008</b>
<b>October 3, 2007</b>	<b>January 2, 2008</b>	<b>May 7, 2008</b>
	<b>February 6, 2008</b>	<b>June 4, 2008</b>

## 2007 NCLEX® Invitational

**Monday, September 24, 2007**

**Intercontinental Hotel Chicago**

**Chicago, IL**

Experience the only one-day educational conference with the most current NCLEX® program updates. The National Council of State Boards of Nursing (NCSBN)'s annual NCLEX® Invitational this year includes valuable information regarding changes to the NCLEX-RN® passing standard and the revisions to the 2008 NCLEX-PN® Test Plan.

The agenda for the day will include the "new look" of the NCLEX Detailed Test Plan, information about international testing centers, as well as the process for scheduling examination appointments at these centers. Attendees will become versed in pass rate statistics, program reports and the readability of the NCLEX. Additional session topics will include how NCSBN is keeping the NCLEX on the cutting edge.

The 2007 NCLEX Invitational allows for valuable networking time and an opportunity to ask questions regarding the NCLEX from the leading authority: NCSBN staff.

Application for contact hours has been submitted; session times and topics subject to change.

Please reference the 2007 NCLEX Invitational room block when making your reservations. The cutoff for the room block is Friday, Aug. 24, 2007. Check-in time is 3:00 pm; check out is 12:00 pm. Note that you must cancel your room reservations with the Intercontinental Chicago 72 hours prior to your arrival. Failure to do so will result in the registrant being billed the first night's room rate. ■



**This is to advise you that the following Board of Nursing appointees have been forwarded to the City Council for approval.**

- 1. JoAnne D. Joyner** Confirmation Resolution of 2006, PR 16-989. To confirm the reappointment of Ms. JoAnne D. Joyner to the Board of Nursing. Chairman Cropp at the request of the Mayor, to the Committee on Health.
- 2. Vera Walkman Mayer** Confirmation Resolution of 2006, PR 16-990. To confirm the reappointment of Ms. Vera Walkman Mayer to the Board of Nursing. Chairman Cropp at the request of the Mayor, to the Committee on Health.
- 3. Geraldine Brown** Confirmation Resolution of 2006, PR 16-991. To confirm the appointment of Ms. Geraldine Brown to the Board of Nursing. Chairman Cropp at the request of the Mayor, to the Committee on Health.
- 4. Mary E. Ivey** Confirmation Resolution of 2006, PR 16-992. To confirm the appointment of Reverend Dr. Mary E. Ivey to the Board of Nursing. Chairman Cropp at the request of the Mayor, to the Committee on Health

Comments maybe sent to: Office of Council member David A. Catania; 1350 Pennsylvania Avenue, NW, Suite 110; Washington, D.C. 20004 (202) 724-8087 (Fax)

# IN THE KNOW

## *Your Questions, Your Opinions*

The Board of Nursing has established this “In The Know” column in response to the many phone calls and emails we receive. The Board often receives multiple inquiries regarding the same issue. Please share this column with your colleagues or urge them to read this column. The more nurses are aware of the answers to these frequently asked questions, the less our resources will have to be used to address duplicate questions.

### Compact question

**Q** If a nurse moves from one compact state to another, is the nurse required to apply for a license in the state she is currently living in?

**A** If a nurse living in a compact state moves to another compact state, he/she must get a new license in the state where they will live. Licensure is based on primary state of residence so a drivers license with an address, income tax returns with the address or current voter registration all provide verification of primary state of residence. A nurse has 30 days to get a new license when they change residence. When they get a new license in the primary state of residence, the previous license needs to be inactivated.

[Note: The District of Columbia is not a “compact” jurisdiction. If you are licensed in Maryland, Virginia or any other compact state you are also required to be licensed in DC.]

### Continuing education question

**Q** I have found a number of courses that I am interested in taking but

they state that they are for RNs. As an LPN can I take these courses?

**A** If the course states that it has been approved as a continuing education course, it is. Otherwise I suggest checking with the instructor to determine whether or not it is a continuing education course.

**Q** I am in DPT program now is this counted as continuing education?

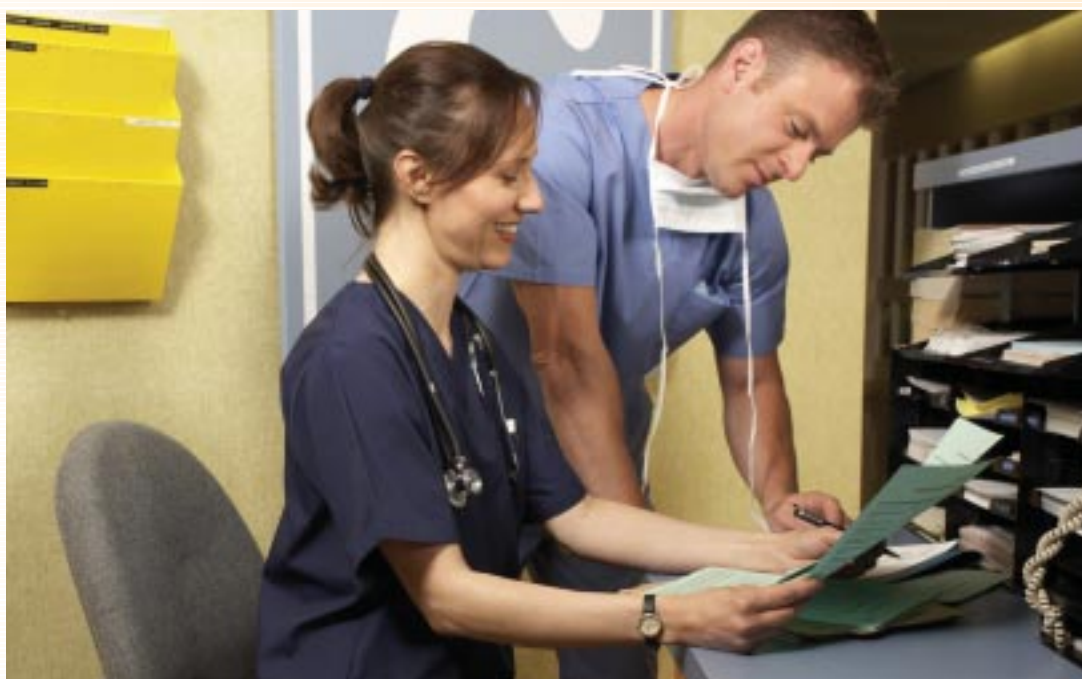
**A** Yes, you can take these courses to meet your continuing education requirements.

### Discipline Question

**Q** Exactly what does summarily suspended mean? What does a nurse do to get this type of suspension?

**A** If it has been determined that “the conduct of a licensee presents an imminent danger to the health





Nurse Anesthetist all at once?

**A** Yes

**Q** How does holding more than one specialty affect their continuing education requirement?

**A** The CEs have to be relevant to their area of practice, so they will need to make sure that they have had 30

and safety of the residents of the District, the Mayor [HPLA] may summarily suspend or restrict, without a hearing, the license to practice a health occupation" (HORA 3-1205.15 (a)). A health professional that has been summarily suspended is personally served the notice of suspension and are required to immediately stop practicing.

This is an administrative action for health professionals who are deemed an immediate danger to public. The health professional can request a hearing within 72 hours of being served. If the suspension is upheld they continue to be suspended until the Board has an opportunity to review the case. At that time the health professional has the option of having a hearing or Settle-

ment Conference with the Board.

### APRNs Question

**Q** How many specialties can a RN hold?

**A** The Board certifies four categories of advanced practice registered nurses (APRNs); they are Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists. As long as the nurse is properly credentialed they can be certified to hold all specialties.

**Q** Can someone be a Clinical Nurse Specialist, Clinical Nurse Midwife, Nurse Practitioner, and Registered

contact hours that are relevant to each specialty area.

### Feedback regarding CE requirement

**T**hank you so much. I did indeed enjoy those courses and actually look forward to more. They are useful and good to share with others. I particularly like the site. It is very user friendly.

**I** have been practicing as a nurse every since I graduated from nursing school. Why do I need to take continuing education courses? ■



**Do you have a question you would like answered or an opinion you would like to share? Send your questions or comments to:**

"In the Know"  
District of Columbia Board of Nursing  
717-14th Street, NW, Suite 600  
Washington, DC 20005  
Fax: 202.727.8471  
e-mail: [hpla.doh@dc.gov](mailto:hpla.doh@dc.gov)

# Meet Our Newest Board Member



**The Board of Nursing welcomes its newest board member Amy Filmore Nassar NP, CDE. Following, Amy answers some questions about her background and new role in the regulation of DC nursing practice.**

**Q Why did you decide to apply to become a member of the DC Board of Nursing?**

**A** I applied to become a board member to help all D.C. nurses provide the best possible care to all patients regardless of background

I became very familiar with the issues and challenges facing the DC BON last year while serving as President of the Nurse Practitioner Association of the District of Columbia (NPADC.) As President, I attended several Board of Nursing open sessions and I was impressed by the boards' professionalism and dedication to serving nurses and patients.

**Q What is your area of nursing practice? How do you think that will help you in your role as a member of the board of nursing?**

**A** During the last 10 plus years I have worked as a Family Nurse Practitioner (FNP) in 4 distinct settings: 1) a busy rural practice in Walkersville MD. 2) Caring for homeless adults and children at Frederick Community Action Agency in Frederick MD. 3) I helped create the Diabetes Institute at Walter Reed Army Medical Center. While working as a FNP in the Diabetes Institute – I earned my Certified Diabetes Educator certification and Advanced Diabetes Management ANCC certification. 4) Currently I am a FNP in the Division of Cardiology at George Washington University Medical Faculty Associates. Caring for patients of all different socioeconomic and cultural backgrounds and working in a variety of settings helps me further understand the needs of DC nurses and patients.

**Q What issues are you interested in impacting on the Board?**

**A** I want DC BON's regulations to promote safe excellent nursing and optimal care to all patients in the District of Columbia.

**Q What have you learned in the time you have served on the board so far?**

**A** The Board of Nursing is composed of a very dedicated group of nurses, community members, and District of Columbia professionals. It is an honor to work with such a kind, intelligent, and professional board that works together to help further nursing practice in the District of Columbia. ■



# NCLEX – RN TEST PLAN NOW ONLINE

## 2007 NCLEX® RN Detailed Test Plan Free Online

The 2007 NCLEX-RN® Detailed Test Plan is now available for download at no charge.

Visit <https://www.ncsbn.org/454.htm> to print copies. The online test plan replaces the printed test plans that students and nurse educators previously purchased from NCSBN. ■



## Nursing in the National Capital Poison Center

**Rose Ann G. Soloway, RN,  
MSEd, DABAT,  
Clinical Toxicologist**

**National Capital Poison Center  
3201 New Mexico Avenue, NW,  
Suite 310  
Washington, DC 20016  
202-362-3867;  
fax 202-362-8377;  
ras@poison.org**

*"A soldier swallowed some plastic explosive. Is this poisonous?"*

*"A woman drank the yellow paint used to stripe the street. Can she get lead poisoning?"*

*"I have a 15 year old patient who overdosed on INH. She's in status epilepticus. How can I stop the seizures?"*

*"We have a six month old baby with methemoglobinemia. What can cause this?"*

*"A teenager fell off his skateboard – onto a copperhead snake. Does he need antivenin?"*

*"What should I do? I just found out that antifreeze was leaking into our office building's water supply all day." (This call was at 4:45 PM on a Friday.)*



**Rose Ann G. Soloway, RN, BSN, MSEd, DABAT, Clinical Toxicologist, National Capital Poison Center**

The questions come – twenty-four hours a day, seven days a week, about 50,000 times a year from the National Capital Poison Center service area (DC, Montgomery and Prince George's Counties, and Arlington, Alexandria, Fairfax, Loudoun and Prince William Counties). The 24 hour phone number is 1-800-222-1222. For people who speak languages other than English, translators are available for more than 140

languages and can be on the line quickly.

The staff of the National Capital Poison Center provide treatment advice to parents whose children swallowed a household product or too much medicine, advise nephrologists on the length of time to dialyze a poisoned patient, warn paramedics when seizures or loss of conscious-

ness are imminent, discuss the merits of stocking new antidotes with hospital pharmacists, assess whether a particular drug mix-up is dangerous, and provide safety tips for pesticide use. At the same time, the electronic medical records they create are continually analyzed for evidence of an impending public health emergency or chemical warfare attack.

**Left to right: Judy Omslaer, RN, BSN, JD, CSPI; Kathy Groff, RN, CSPI; Nicole Whittaker, MA; Rose Ann Soloway, RN, BSN, MEd, DABAT; Don Groff, RN, CSPI**

The ten registered nurses who provide treatment recommendations for possibly poisoned patients and answer poison-related questions are part of a multidisciplinary team. All of the Poison Center nurses are certified as specialists in poison information (CSPI) by the American Association of Poison Control Centers, as are the two pharmacists with whom they work. The clinical staff also includes two physicians, both board-certified in emergency medicine and medical toxicology, who are available for consultation 24/7; a nursing student who has



**Don Groff, RN, CSPI**

experience in data management and surveillance; and a board-certified clinical toxicologist, a nurse with a graduate degree in education who manages educational outreach efforts and media relations.

Poison center nursing requires a solid clinical background, exceptional history-taking skills, intellectual curiosity matched by superior research skills, the ability to work independently while being willing and able to recognize what one doesn't know, and the ability to communicate technical information clearly to health care colleagues who consult us and to lay callers. It is endlessly interesting; several nurses have been on





staff since the poison center opened in 1980, because they learn something new every day on the job. It is also rewarding to be thanked – many times a day, by grateful callers. Staff turnover is rare.

The Poison Center has toxicology resources on site, including extensive computer databases, specialty textbooks, tens of thousands of primary journal articles, on-line specialty references, and a roster of expert consultants in fields ranging from zoology, mycology, and botanical medicines to occupational medicine and veterinary toxicology.

About 75 percent of callers are non-medical, typically parents, grandparents, teachers, co-workers, friends, and poisoning victims themselves. The remaining calls are from every type of health care provider: EMS personnel on the scene, emergency department doctors and nurses, intensive care unit staff, occupational health nurses, school nurses, call center nurses, veterinarians, and others.

About 75 percent of all calls can be managed entirely over the phone with poison center guidance. The CSPI will take a history, determine potential toxicity, make a treatment recommendation, and stay in touch with the caller by phone until the situation is resolved and all questions are answered. For many calls, the CSPI will be familiar with the substance and any relevant protocols. If not, she or he will consult references, consult a Poison Center toxicologist, or do other research as indicated; this all happens quickly. Following the conclusion of the case, the CSPI will provide poison prevention advice and send written poison prevention material to the home as appropriate. Follow-up calls are often identified as a dis-



tinguishing, positive feature of Poison Center service.

If a caller needs hands-on treatment, the Poison Center will conference the caller with the appropriate 911 dispatcher, provide treatment recommendations to EMS personnel, and call the hospital ahead to provide treatment advice. Through follow-up calls to the hospital, the CSPI will ascertain the need for additional treatment, provide advice on the necessary lab studies, and maintain contact with the nursing unit for follow-up. Those follow-up calls have often uncovered the need for a change in treatment plan, tailored by the CSPI to the patient's current condition.

Follow-up calls frequently prompt questions about HIPAA. Under HIPAA, poison centers are recognized as health care providers. Poison centers are consulted about patient care and therefore need and should be provided the same types of patient information provided to other consultants. Data from medical records are de-identified and submitted to the American Association of Poison Control Centers, a public health authority designated by the U.S. Centers for Disease Control and Prevention.

The medical record is, of course, confidential, but non-identifying portions of the record are compiled into a national database to help identify new or unsuspected toxic hazards, research and education needs, and trends in poison exposures and treatments. [Lai, ML, Klein-Schwartz W, Rodgers GC. 2005 Annual Report of the American Association of Poison Control Centers' National Poisoning and Exposure Database. *Clinical Toxicology* 44:803-932, 2006] Poison center data have been used to jus-

child-resistant packaging for topical products containing dibucaine and for alcohol-containing mouthwash, removal from the market of an anti-depressant that caused status epilepticus in overdose, and a recall of wire wheel cleaners containing hydrofluoric acid.

The National Capital Poison Center is not a government organization; as a not-for-profit organization, it must raise funds to pay for all services. The majority of funds come from individual donors, foundations, grants, and federated campaigns such as United Way and the Combined Federal Campaign. Part of the operating budget is from government sources: a small amount from the federal government, and money appropriated by the DC, Maryland and Virginia legislatures. The Poison Center director and development director coordinate non-stop fund raising efforts. The staff are constantly aware of the need to bring in enough funds to keep this core public health service available.

*For more information about the Poison Center and its services, to discuss an educational program, or arrange a visit to the Poison Center, contact Rose Ann Soloway at [ras@poison.org](mailto:ras@poison.org) or 202-362-3867. Visit the National Capital Poison Center web site to order materials, subscribe to the newsletter, send a singing Poison Prevention greeting card, make a donation, and view and download poison prevention information: [www.poison.org](http://www.poison.org) ■*

## The National Capital Poison Center provides many other services to health care professionals and the community:

**Basic and continuing education in toxicology:** Kathy Groff, RN, CSPI, regularly provides in-service and continuing education programs to hospital nursing staff throughout the region. Judy Omslaer, RN, BSN, JD, CSPI participates in continuing education for paramedics. All of the staff help train the hundreds of medical and pharmacy students and medical residents who rotate in the poison center every year. Cathleen Clancy, MD, regularly provides continuing education to physicians in hospitals throughout the area.

**Specialty education in toxicology:** During 2007, Poison Center staff will present a series of seven classes called "Chemical Terrorism for the Clinician", funded by the DC Department of Health. When the first series was presented in 2006, more than 140 people attended, but registration filled so quickly that more than 70 nurses, physicians, EMTs and pharmacists were on the waiting list.

**Community education in poison prevention:** Rose Ann Soloway, RN, BSN, MEd, DABAT, coordinates community outreach programs. She provides poison prevention information, materials, and training to the DC Safe Kids Coalition, DC Risk Watch Champion Management Team, United Planning Organization Early Childhood Development Division/DC Head Start, and similar organizations throughout the area. She also works with the media, providing plain-English versions of current toxicology issues. She is currently working with the Home Safety Council on poison prevention Poison prevention materials: brochures in English and Spanish, phone stickers, magnets and posters all carry the Poison Center's 24-hour number. These and other materials, including a DVD for pre-school education and a video for adult audiences, are distributed free throughout the poison center's service area to homes, schools, clinics, and doctors' offices. A free electronic newsletter, The Poison Post, is distributed quarterly. (To subscribe, send your email address to [PoisonPost@poison.org](mailto:PoisonPost@poison.org))

**Surveillance:** patterns in poisoning are identified and analyzed daily to identify potential and actual public health threats. Results are reported to relevant health authorities. Recent surveillance efforts have included tracking the anthrax outbreak of 2001 and the peanut butter contamination during 2007.

**Research:** Among other research projects, Toby Litovitz, MD, the Poison Center's director, founded and runs the National Button Battery Ingestion Study. Lynn Clark, RN, BSN, MS, CSPI currently works with Dr. Litovitz on this project, which has changed the way that patients who swallow batteries are managed.

**Publication:** Nancy Camp, RN, BSN, MSN, CSPI recently published two articles about toxicology issues in nursing journals. Rose Ann Soloway has contributed chapters to nursing texts.



## CHEMICAL TERRORISM FOR THE CLINICIAN: DETECTION, DIAGNOSIS & TREATMENT

*Or: Everything You Hope You Will Never Need to Know about These Dangerous Poisons!*

**DATE:** This program is scheduled only seven times in 2007! Choose ONE:

- A) For health professionals: 6/8/07, 7/23/07, 9/11/07, 9/25/07
- B) For non-health professionals in public health and public safety, and for health professionals who prefer a less intense and less technical approach: 6/21/07, 7/19/07, 9/20/07

**TIME:** 8:45 am – 2:15 pm

**LOCATION:** National Capital Poison Center  
3201 New Mexico Avenue, NW, Suite 310  
Washington, DC 20016

*Meet the Poison Center Experts and Learn about*

Nerve Agents  
Biotoxins: Botulism, ricin, Staph enterotoxin B, trichothecene mycotoxins  
Nicotine as a bioweapon  
Blood Agents: Cyanide, arsine  
Choking/Riot Control Agents: Phosgene, chlorine, tear gas, vomiting agents  
Vesicants: Mustards, Lewisite, phosgene oxime  
Dioxin, polonium  
Chemical/Bioterrorism Incident Surveillance: Role of the Poison Center and Role of the Clinician

### **FACULTY FROM NATIONAL CAPITAL POISON CENTER:**

Toby Litovitz, MD, ABEM, ACMT – Executive and Medical Director  
Cathleen Clancy, MD, ABEM, ABIM, ACMT – Associate Medical Director  
Kathy Groff, RN – Certified Specialist in Poison Information  
Rose Ann Soloway, RN, MEd, DABAT – Clinical Toxicologist

**CONTINUING EDUCATION:** *Pending* – Application has been made to the American Academy of Continuing Medical Education for 4.5 Category 1 credits for health professionals. Non-health professionals will receive a Certificate of Attendance.

***There is no charge for this program. Materials and lunch are provided.  
Pre-registration is required.***

### **TO REGISTER:**

Complete attached form and send by fax to 202-362-8377 or e-mail to [Marsolek@poison.org](mailto:Marsolek@poison.org)  
Call 202-362-3867 to request a registration form.  
Visit [www.poison.org](http://www.poison.org) and click on “Course Registration” to download a registration form.

**FOR QUESTIONS:** Contact Rose Ann Soloway at 202-362-3867 or [ras@poison.org](mailto:ras@poison.org).

*This program is funded in part by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), and the Government of the District of Columbia, Department of Health, Emergency Health and Medical Services Administration.*



## LICENSURE PAYMENT FAILURES

It is not the Board's intention in publishing this list to embarrass licensees who fail to render proper payment for their license. The purpose is to notify current and potential employers and to reach the individual when other avenues have failed.

These applicants will not be considered licensed until proper payment has been rendered. Individuals found to be working on a lapsed license will be subject to an administrative fine.

The licensees listed below failed to render payment by the date this publication went to press. If your name is listed here, please contact the Board's Customer Service line at (877) 244-1689. Because the name of a licensee may be the same as another please do not assume from the name alone that a particular individual has a payment failure.

### Licensee

Isaac Babaymei, RN

Melissa Erive, RN

Barbara J. Marshall, RN

Rhonda Zachmann, RN

Reshawner Martin, LPN

## Notice of new regulatory requirement:

### Health Professionals Required to Respond to Letter of Complaint

4101.4 Upon receiving a complaint, a board may, in its discretion, order that the health professional complained of answer the complaint within ten (10) days of receipt of the complaint. The board shall attach a copy of the complaint to an order for answering or shall describe the acts alleged in the complaint. The health professional shall respond to an order for answering either personally or through his or her attorney. An answer shall address the substantive allegations set forth in the complaint or order.

4101.8 If a health professional fails to answer within the ten (10) day period or if the board determines that there is reason to believe that the acts alleged occurred and constitute a violation pursuant to DC Official Code Section: 3-1205.14et seq., the board may take (1) of the following actions:

- (a) Refer the complaint to the Director for investigation;
- (b) Set the matter for a hearing in accordance with section 4102 [Notice of Intended Action and Opportunity for a Hearing] for failing to respond to the complaint; or
- (c) Request that the licensee or respondent attend a settlement conference in accordance with section 4108 [Settlement Conference]

## Board Disciplinary Actions

NAME	LICENSE #	ACTION	REASON FOR ACTION
ADELINE L. AZONG	LPN1003233	CONSENT ORDER: REPRIMAND \$500 FINE	Patient abandonment

## CE BROKER UPDATE for PROVIDERS

### New Functionality "Rosters Allowed Beginning" - Available Monday 3/12/07

A new field titled Rosters Allowed Beginning is being added to the Course Application approval screen.

This new field was developed to accommodate the Boards that allow licensees to receive course credit prior to the date the course is approved. So, the approval date for the course can be different from the roster acceptance date.

For example: A provider submits a course for approval on 02/01/2007 and offers the course on 02/10/2007 (prior to the course being approved). The Board/Council approves the course on 02/20/2007. In order to allow the licensees to receive credit for this course the Board/Council user would need to enter the date of 02/10/2007 or earlier in the Rosters Allowed Beginning date field. ■

### Practical Nursing Programs

#### Year to Date (04/15/2007) Licensure Exam Results and Approval Status

PROGRAM	CURRENT QUARTER		YEAR TO DATE		APPROVAL STATUS
	01/01/2007 - 03/31/2007		04/01/06 - 12/31/07		
	# Sitting	% Passing	# Sitting	% Passing	
A&D School of Nursing	03	0.00	05	0.00	Withdrawn
Comprehensive Health Academy	43	83.72	163	85.89	Initial
Harrison Center for Career Education	07	71.43	75	76.00	Closed
JC Inc.	72	61.11	156	71.15	Conditional
Radians College (formerly HMD)	18	72.22	182	74.73	Approved
University of the District of Columbia	13	76.92	140	82.86	Approved
VMT Academy of Practical Nursing	28	96.43	58	86.21	Approved
VMT Practical Nursing Program	03	66.67	63	73.02	Withdrawn

### Professional Nursing Schools

#### Year to Date (04/15/2007) Licensure Exam Results and Approval Status

SCHOOL	CURRENT QUARTER		YEAR TO DATE		APPROVAL STATUS
	01/01/2007 - 03/31/2007		04/01/2006- 12/31/2007		
	# Sitting	% Passing	# Sitting	% Passing	
Catholic University of America	01	00.00	42	90.48	Approved
Georgetown University	30	100.00	82	100.00	Approved
Howard University	02	00.00	82	70.73	Conditional
University of the District of Columbia	00	00.00	30	80.00	Conditional

Source of NCLEX® Scores: NCSBN Jurisdiction Program Summary of All First Time Candidates Educated in District of Columbia

# KUDOS!

## **Connie M. Webster, PhD, MSN, RNC**

**Honored by the Black Nurses Association of Greater Washington, DC Area, Inc. as 2007 Nurse of the Year**

Dr. Webster is Chairperson, Department of Nursing and Allied Health Director of Nursing; University of Maryland and served as Chairperson of the DC Board of Nursing from 2002-2004. She joined the faculty of the University of the District of Columbia in October 2000 after 33 years of clinical practice. Her years of clinical practice included



positions at St. Elizabeths Hospital and the Veteran's Administration Medical Center in Washington, DC and a tour of active duty in the United States Air Force. Dr. Webster's interest in research and her concern about access to health care and health disparities in the

African American population readily lead her to become a member of the National Historically Black Colleges and Universities Research Network for Health Services and Health Disparities.

Dr. Webster is a member of various national and local nursing and higher

education organizations, advisories and committees. She also serves as the University's liaison representative to NAFEO and the DC Board of Trade on health disparities and Healthcare Workforce initiatives.

## **Ottamissiah Moore, LPN**, District of

Columbia Board of Nursing LPN Member has been appointed to the Commission on Graduates of Foreign Nursing School's Credential Committee ■



## **DEPARTMENT OF HEALTH DISTRICT OF COLUMBIA BOARD OF NURSING PROFESSIONAL NURSING SCHOOLS**

Nalini Jairath, PhD, RN  
Dean

### **Catholic University of America School of Nursing**

620 Michigan Avenue, N.E.  
Washington, DC 20017  
[www.cua.edu](http://www.cua.edu)

Mamie C. Montague, PHD, FNP-BC, CNE, FAAN

### **Interim Chair, Graduate Program Howard University College of Nursing**

2400 6th St. N.W.  
Washington, DC 20059  
[www.howard.edu](http://www.howard.edu)

Connie M. Webster, DNSc, RNC  
Chairperson for Nursing

### **University of the District of Columbia School of Nursing**

4200 Connecticut Avenue, N.W.  
Washington, DC 20008  
[www.udc.edu](http://www.udc.edu)

Bette Keltner, PhD, RN, FAAN  
Dean

### **Georgetown University School of Nursing & Health Studies**

3700 Reservoir Road N.W.  
Washington, DC 20007  
[www.georgetown.edu](http://www.georgetown.edu)

India M. Medley, MSN, RN, CPNP  
Dean of School of Nursing

### **Radians College**

1025 Vermont Avenue, NW; Suite 200  
Washington, DC 20005  
[www.hmi-usa.com](http://www.hmi-usa.com)

Sharon K. Mailey, PhD, RN  
Director and Professor

### **Trinity University Nursing Program**

125 Michigan Avenue, NE  
Washington, DC 20017  
[www.trinitydc.edu](http://www.trinitydc.edu)

## **DEPARTMENT OF HEALTH DISTRICT OF COLUMBIA BOARD OF NURSING PRACTICAL NURSE PROGRAMS**

Rachael Rizzo-Mitzner, MA, RN  
Director of Nursing

### **Comprehensive Health Academy School of Practice Nursing**

1106 Bladensburg Road, N.E.  
Washington, DC 20002-2512  
PH: (202) 388-5500

Charlease L. Logan, MSN, RN  
Director of Nursing

### **J.C. Inc.-American Institute of Professional Studies**

6411 Chillum Place, N.W.  
Washington, DC 20012  
PH: (202) 291-8787

Betty Wooten, MSN, RN  
Director of Nursing

### **University of the District of Columbia**

4200 Connecticut Avenue, N.W.  
Mail Box 1005  
Washington, DC 20008  
[www.udc.edu](http://www.udc.edu)

Samuel Addo, MSN, RN  
Director of Nursing

### **Capital Health Institute**

7826 Eastern Ave., Suite 515  
Washington, DC 20012  
PH: (202) 722-8830

India M. Medley, MSN, RN, CPNP  
Dean of School of Nursing

### **Radians College**

1025 Vermont Avenue, NW; Suite 200  
Washington, DC 20005  
[imedley@hmi-usa.com](mailto:imedley@hmi-usa.com)

Herma Marks, MSN, RN  
Vice President of Education

### **VMT Academy of Practical Nursing**

4201 Connecticut Ave, NW; Suite 301  
Washington, DC 20008  
[www.vmtltc.com](http://www.vmtltc.com)

# Fee increase proposed for all Health Professionals Licensed and Registered in the District of Columbia

The Department of Health has proposed a 30% fee increase for all health professionals licensed and registered in the District of Columbia. Below you will find the proposed fee increase for nursing personnel and nursing programs. A list of the proposed fee increase for all health professionals can be found in the DC Register. The DC Register can be

accessed at [http://www.amlegal.com/nxt/gateway.dll?f=templates\\$fn=default.htm\\$vid=dcr:free](http://www.amlegal.com/nxt/gateway.dll?f=templates$fn=default.htm$vid=dcr:free)

This proposed fee increase was published in the D.C. Register April 27, 2007. Comments can be submitted in writing to the Department of Health, Office of the General Counsel,

825 North Capitol Street, N.E., 4th Floor, Washington, D.C., 20002.

## NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth under § 302(14) of the D.C. Department of Health Occupations Revision Act of 1985, effective March 15, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14)), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of his intent to take final rulemaking action to adopt the following amendments to Chapter 35 of Title 17 of the District of Columbia Municipal Regulations (DCMR) in not less than thirty (30) days from the date of publication of this notice in the D.C. Register. The purpose of these amendments is to publicize the new fees for licensure and registration of the professions covered under Title 3 of the District of Columbia Official Code.

Chapter 35 (Licensing Fees) of Title 17 DCMR (Business, Occupations & Professions) (May 1990) is amended to read as follows:





## PROPOSED RULEMAKING

All persons desiring to comment on the subject of this proposed rulemaking should file comments in writing not later than thirty (30) days after the date of the publication of this notice in the D.C. Register [April 27, 2007]. Comments should be sent to the Department of Health, Office of the General Counsel, 825 North Capitol Street, N.E., 4th Floor, Washington, D.C., 20002.

### CHAPTER 35 LICENSING FEES

#### 3500.1 The examination and annual license fees for each class of license shall be as follows:

DESCRIPTION OF SERVICE .....	FEE
------------------------------	-----

**ADVANCED REGISTERED NURSES:**

Application Fee .....	\$85.00
License Fee (1st time APRN with one authority) .....	\$145.00
License Specialty Fee .....	\$145.00
Paid Inactive Status .....	\$145.00
Renewal Fee .....	\$263.00
Late Renewal Fee .....	\$85.00
Document Duplication Fee .....	\$34.00
Verification of Records .....	\$34.00
Reinstatement Fee .....	\$348.00
Each additional/Nursing authority .....	\$119.00
Temporary License <1> .....	\$33.00

**NURSING SCHOOLS:** (initial accreditation fee)

Application Fee .....	\$10,000
Annual Renewal Fee .....	\$1,300

**PRACTICAL NURSES:**

Application Fee (examination or endorsement) .....	\$85.00
License Fee (examination) .....	\$102.00
License Fee (endorsement) .....	\$145.00
Re-Examination .....	\$85.00
Paid Inactive Status .....	\$145.00
Renewal Fee .....	\$145.00
Late Renewal Fee .....	\$85.00
Document Duplication Fee .....	\$34.00
Verification of Records .....	\$34.00
Reinstatement Fee .....	\$229.00
Temporary License <1> .....	\$32.50

**REGISTERED NURSES:**

Application Fee (examination or endorsement) .....	\$85.00
License Fee (examination) .....	\$102.00
License Fee (endorsement) .....	\$145.00
Re-Examination .....	\$85.00
Paid Inactive Status .....	\$145.00
Renewal Fee .....	\$145.00
Late Renewal Fee .....	\$85.00
Document Duplication Fee .....	\$34.00
Verification of Records .....	\$34.00
Reinstatement Fee .....	\$229.00
Temporary License <1> .....	\$32.50

**TRAINED MEDICATION EMPLOYEE:**

Initial Certification/Reciprocity .....	\$59.00
Re-certification (Renewal) .....	\$59.00

**NOTES:**

1.Fees for temporary licenses for health occupations are listed even though the boards governing the health care occupations may not have established the fees.

# National Council of State Boards of Nursing (NCSBN) POSITION STATEMENT

## The Ethical Recruitment of Nurses for Licensure

The National Council of State Boards of Nursing (NCSBN) supports the ethical recruitment of nurses. NCSBN defines 'ethical recruitment' as a hiring process free from intimidation, misleading information or exploitation.

NCSBN supports the lawful entry of nurses from other countries provided they meet U.S. federal immigration and labor requirements, and obtain and maintain a valid state or territorial license to practice.

### Background:

NCSBN is composed of the 59 state and territorial boards of nursing who regulate nurses in the U.S. It is the boards of nursing who issue licenses to all nurses to practice in their respective jurisdictions.

The NCSBN Board of Directors has approved a position regarding the shortage of nurses and affirmed the need to maintain the standards of practice to best protect the public and uphold U.S. state and territorial licensure standards regardless of whether the nurse is domestically or internationally educated. Additionally, NCSBN also has a position on International Nurse Immigration.

### Recruitment Position:

NCSBN respects the right of nurses to determine the country in which they choose to work. A thorough decision making process by the nurse can only be made with complete information concerning the implications of relocation. Any recruitment of nurses for the U.S. workforce must be ethical.

High ethical standards in recruitment are supported by NCSBN. Recruitment must not mislead, intimidate or exploit. Ethical recruitment includes:

1. Transparency in all communications and any offers of employment;
2. Making available all information

necessary for an informed decision concerning the circumstances and laws bearing on crossing borders, immigration, labor environment, and the potential new living and working conditions;

3. Full disclosure of requirements for nurse competency in the workplace, including legal prerequisites for licensure and maintenance of licensure.

4. Adoption of high ethical standards in nurse recruiting.

5. Development of sanctions for those engaging in unethical practices.

### Recommendations:

NCSBN recommends that state and federal policymakers consider ethical recruitment policies when addressing the growing shortage of nurses in the United States (U.S.). NCSBN understands that the health and future of our nation in part depends on an adequate and appropriately qualified supply of licensed nurses.

Nurses coming to practice in the U.S. should do so at their own free will with the expectation of being treated equally among all nurses working in the U.S.

NCSBN supports the right of individuals to migrate to the country of their choosing, as allowed by law. Nurses should have the following in order to become licensed in the U.S.:

- Comparable nursing education;
- English language proficiency to safely practice in the U.S. health-care environment;
- No current or previous disciplinary or criminal actions related to their current or previous license/registration to practice nursing;
- Successful completion of the

NCLEX-RN® or NCLEX-PN® licensing examination.

- Possess no fraudulent or other illegally obtained documentation related to the verification of their required nurse credentials.

To best support ethical recruitment practices, NCSBN recommends the following:

- Support state and federal governments in the monitoring of nurse recruiting agencies and the development of sanctions for those agencies that engage in unethical recruitment practices.
- Collect and disseminate accurate national and state statistics about the numbers and types of domestic and internationally educated nurses coming to the U.S. and where they are working.

NCSBN supports the programs of all countries designed to retain and strengthen their nursing workforce. NCSBN understands that each country has responsibilities to meet the health care needs of their own population and respect those efforts. Additionally, NCSBN supports the position that the recruitment and migration of all nurses be held to the highest ethical and legal standards.

*For additional information regarding NCSBN policies and position statements, contact Kristin Hellquist, NCSBN Director of Policy & Government Affairs at 312.525.3665 or [khellquist@ncsbn.org](mailto:khellquist@ncsbn.org).*

<sup>2</sup> References:  
NCSBN Position Statement 2000, Nursing Shortage, [www.ncsbn.org](http://www.ncsbn.org)  
NCSBN Position Statement 2003, Internationally-educated Nurses, [www.ncsbn.org](http://www.ncsbn.org)  
ICN Position Statement, 2001, Ethical Nurse Recruitment [www.icn.ch](http://www.icn.ch)  
AONE Policy Statement 2003, Foreign Nurse Recruitment [www.aone.org/aone/advocacy/ps\\_foreign\\_recruitment.html](http://www.aone.org/aone/advocacy/ps_foreign_recruitment.html)

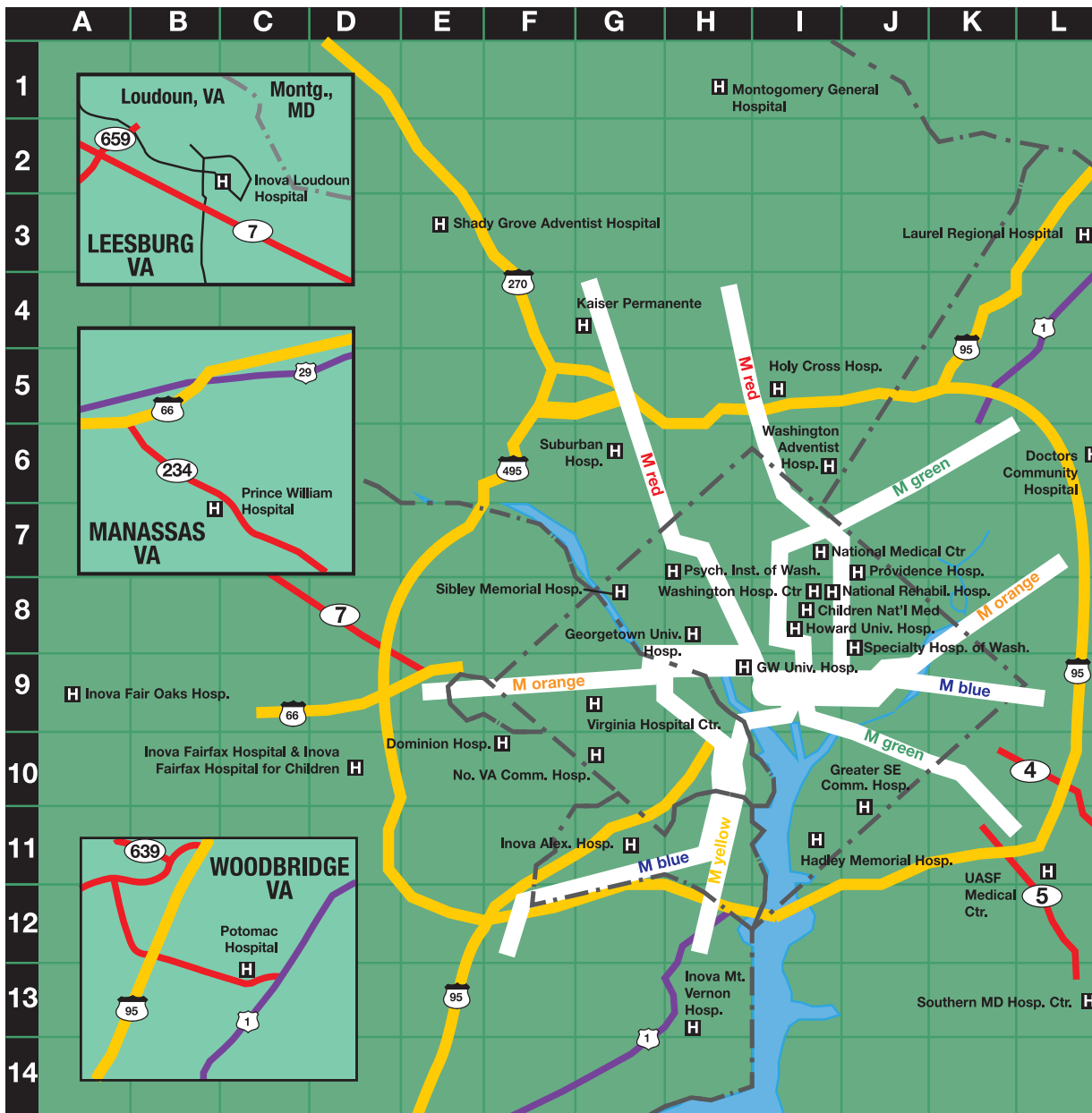
**CHILDREN NATIONAL MED CTR/ I-8**  
11 Michigan Ave, NW  
Washington D.C. 20010  
202-884-5000 • [www.cnmc.org](http://www.cnmc.org)  
**DOCTOR'S COMMUNITY HOSP/ M-6**  
8118 Good Luck Rd.  
Lanham Seabrk, MD 20706  
301-552-8118  
**DOMINION HOSP/ F-10**  
2960 Sleepy Hollow Rd.  
Falls Church, Va 22044  
703-536-2000  
**GEORGE WASH. UNIV. HOSP/ H-9**  
900 23rd St. NW  
Washington D.C. 20037  
202-715-4000  
[www.gwhospital.com](http://www.gwhospital.com)  
**GEORGETOWN UNIV. HOSP/ H-8**  
3800 Reservoir Rd. NW  
Washington D.C. 20007  
202-444-2000  
[georgetownuniversityhospital.org](http://georgetownuniversityhospital.org)

**GREATER SE COMM HOSP/ J-11**  
1310 Southern Ave. SE  
Washington D.C. 20032  
202-574-6000  
**HADLEY MEMORIAL HOSP/ I-11**  
4501 Martin Luther King Jr. Ave SW  
Washington D.C. 20032  
**HOLY CROSS HOSP/ I-8**  
1500 Forest Glenn Rd  
Silver Spring MD 20910  
301-754-7000  
**HOWARD UNIVERSITY HOSP/ I-8**  
2041 Georgia Ave. NW  
Washington D.C. 20060  
202-865-6100  
[www.huhosp.org](http://www.huhosp.org)  
**INOVA ALEXANDRIA HOSP/ G-11**  
4320 Seminary Road  
Alexandria, VA 22304 •  
[www.inova.org](http://www.inova.org)  
**INOVA FAIR OAKS HOSP/ 1-9**  
3600 Joseph Siewick Drive  
Fairfax, VA 22033  
703-968-1110 • [www.inova.org](http://www.inova.org)

**INOVA FAIRFAX HOSP/D-10**  
3300 Gallows Road  
Falls Church VA 22042  
703-968-1110 • [www.inova.org](http://www.inova.org)  
**INOVA FAIRFAX HOSP FOR CHILDREN/D-10**  
3300 Gallows Road  
Falls Church VA 22042  
703-968-1110 • [www.inova.org](http://www.inova.org)  
**INOVA HEART AND VASCLAR INSTITUTE**  
3300 Gallows Road  
Falls Church VA 22042  
703-664-7000 • [www.inova.org](http://www.inova.org)  
**INOVA LOUDOUN HOSPITAL**  
44045 Riverside Parkway  
Leesburg, VA 20176  
[www.loudounhospital.org](http://www.loudounhospital.org)  
**INOVA MT. VERNON HOSP/ H-13**  
2501 Parker's Lane  
Alexandria, VA 22306  
703-664-7000 • [www.inova.org](http://www.inova.org)

**KAISER PERMENENTE MID-ATLANTIC OFFICE/ G-4**  
2101 E. Jefferson St.  
Rockville MD 20852  
[www.kaiserpermanente.org](http://www.kaiserpermanente.org)  
**LAUREL REGIONAL HOSP/ L-3**  
7300 Van Dusen Road  
Laurel, MD 20707  
301-725-4300 • 410-792-2270  
**MONTGOMERY GENERAL HOSP/H-1**  
18101 Prince Phillip Drive  
Olney, MD 20832  
301-774-8882  
[www.montgomerygeneral.com](http://www.montgomerygeneral.com)  
**NATIONAL MEDICAL CTR/ I-7**  
5648 3rd St. NE  
Washington D.C. 20011  
**NORTHERN VA COMM HOSP/ G-10**  
601 S. Carin Spring Rd.  
Arlington, VA • 703-671-1200  
[www.nvchospital.com](http://www.nvchospital.com)

**NATIONAL REHABILITATION HOSP CTR/ I-8**  
102 Irving Street, NW  
Washington, DC 20010  
202-877-1000  
[www.nrhrehab.org](http://www.nrhrehab.org)  
**POTOMAC HOSPITAL/ WOODBRIDGE**  
2300 Opitz Boulevard  
Woodbridge VA 22191  
[www.potomachospital.com](http://www.potomachospital.com)  
**PRINCE WILLIAM HOSPITAL/ MANASSAS**  
6700 Sudley Rd  
Manassas, VA 20110  
[www.pwhs.org](http://www.pwhs.org)  
[www.dimensionshealth.org](http://www.dimensionshealth.org)  
**PRINCE GEORGE'S HOSPITAL CENTER**  
3100 Hospital Dr  
Cleverly, MD 20785  
301-618-2000  
[www.dimensionshealth.org](http://www.dimensionshealth.org)  
**PSYCHIATRIC INST. OF WASH/ H-7**  
4228 Wisconsin Ave NW  
Washington DC 20016  
**PROVIDENCE HOSP/ J-7**  
1150 Varnum St NE  
Washington D.C. 2001  
[www.provhosp.org](http://www.provhosp.org)  
**RESTON HOSPITAL CENTER**  
1850 Town Center Parkway  
Reston, VA 20190  
703-689-9000  
[www.restonhospital.net](http://www.restonhospital.net)  
**SHADY GROVE ADVENTIST HOSP/ E-3**  
9901 Medical Center Dr  
Rockville, MD 20850  
301-279-6000  
[www.adventisthealthcare.com](http://www.adventisthealthcare.com)  
**SIBLEY MEMORIAL HOSP/ G-8**  
5255 Loughboro Rd. NW  
Washington D.C. 20016  
202-537-4000  
[www.sibley.org](http://www.sibley.org)  
**SOUTHERN MD HOSP CTR/ L-13**  
7503 Surratts Rd  
Clinton MD 20735  
301-896-8000  
**SPECIALTY HOSP OF WASH - CAPITOL HILL/ L-13**  
700 Consitution Avenue, N.E.  
Washington, DC 20002  
(202) 546-5700  
**SUBURBAN HOSP/ G-6**  
8600 Old Georgetown  
Bethesda MD 20614  
301-896-3100  
**VIRGINIA HOSP CTR/ G-9**  
1701 N. George Mason Dr  
Arlington VA 22201  
[www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com)  
**WASHINGTON ADVENTIST HOSP/ I-6**  
7600 Carroll Ave  
Takoma Park MD 20912  
301-891-7600  
[www.washingtonadventisthospital.com](http://www.washingtonadventisthospital.com)  
**WASHINGTON HOSP CTR/ I-8**  
110 Irving St. NW  
Washington DC 20010  
202-877-7000  
[www.whcenter.org](http://www.whcenter.org)



DC Board of Nursing  
Suite 600  
717 14th Street, NW  
Washington, DC 20005

Presorted Standard  
U.S. Postage Paid  
Little Rock, AR  
Permit No. 1884